

4-12-00

Gp 2734
#2

Atty Docket No. FERN-P006

Patent

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Name: <u>Mary-Charmaine A. Gorgonio</u> <u>Mary-Charmaine A. Gorgonio</u> Signature	<u>4/11/2000</u> Signature Date

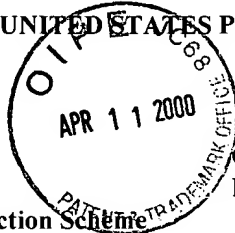
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Serial No.: 09/435,504

Filed: 11/06/1999

For: **Bioinformatic Transaction Scheme**



Group Art Unit: 2734

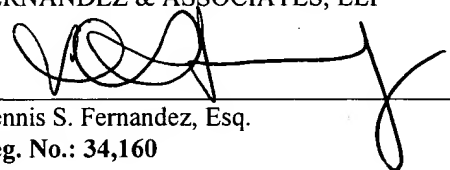
Examiner: Not yet assigned

Commissioner for Patents and Trademarks
Washington, D.C. 20231

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

The information disclosure statement (attached PTO Form 1449A and Form 1449B) submitted herewith is being filed within three months of the filing date of the application or date of entry into the national stage of an international application or before the mailing date of a first Office action on the merits, whichever event occurs last. 37 C.F.R. 1.97(b).

Respectfully submitted,
FERNANDEZ & ASSOCIATES, LLP


Dennis S. Fernandez, Esq.
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Date

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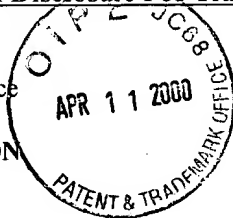
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Name: Mary-charmaine A. Gorgonio 4/11/2000
Mary-D A. Gorgonio
Signature Signature Date

Information Disclosure Fee Transmittal Letter

Assistant Commissioner of Patents
United States Patent and Trademark Office
Washington, D.C. 20231
ATTN: BOX PATENT APPLICATION



Sir:

Pertaining to the following identified Application:

Application No.: 09/435,504

Art Unit: 2734

Filing Date: 11/06/99

Examiner: Not Yet Assigned

Inventor(s): **FERNANDEZ, D.**

Attorney Docket No.: FERN-P006

Entitled: **BIOINFORMATIC TRANSACTION SCHEME**

MAILED
APR 17 2000
Group 2700

Transmitted herewith for filing are:

- ☒ An Information Disclosure Statement (Form PTO-1449A and Form PTO-1449B)
- ☒ A copy of References cited in Information Disclosure: _____ documents
- ☒ A self-addressed stamped postcard
- ☒ An Information Disclosure Transmittal Letter for above marked correspondences

FEES DUE

The full fee due in connection with this communication is \$ 0.00
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_____ The Commissioner is hereby authorized to deduct the above payment of fees from **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

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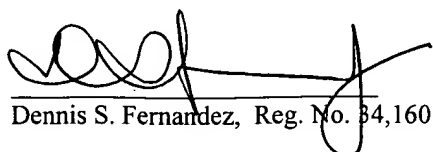
☒ Applicant does not believe that any payment of fees are needed in association with this communication.

Should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

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Respectfully Submitted,


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